

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
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9		3				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	16	→	→	→		
TOTAL CLAIMS	17	[Shaded]	[Shaded]	[Shaded]	[Shaded]	[Shaded]

	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS		[Shaded]	[Shaded]	[Shaded]	[Shaded]	[Shaded]